

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	VERTEBRAL OSTEOSYNTHESIS EQUIPMENT
Attorney Docket Number::	0573-1026
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN-LUC
Middle Name::
Family Name:: CLEMENT
Name Suffix::
City of Residence:: LA COLLE SUR LOUP
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 230 CHEMIN DE MONTFORT
Address::
City of Mailing Address:: LA COLLE SUR LOUP
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-06480

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: VINCENT
Middle Name::
Family Name:: FIERE
Name Suffix::
City of Residence:: LYON
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 50 BOULEVARD DES BELGES
Address::
City of Mailing Address:: LYON

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-69006

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN
Middle Name::
Family Name:: TAYLOR
Name Suffix::
City of Residence:: CANNES
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing VILLA PORALTO
Address:: 25 AVENUE DE PORALTO
City of Mailing Address:: CANNES
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-06400

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: YVES
Middle Name::
Family Name:: ADAM
Name Suffix::
City of Residence:: AUTHIE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 4 ROUTE DE SAINT LOUET

Address::

City of Mailing Address:: AUTHIE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-14280

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: BERNARD
Middle Name::
Family Name:: VILLARET
Name Suffix::
City of Residence:: CROIX-CHAPEAU
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 20 RUE DE SALLES
Address::
City of Mailing Address:: CROIX-CHAPEAU
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-17220

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IB2004/002458	6/24/04
PCT/IB2004/002458	An application claiming the benefit under 35 USC 119(e)	60/490,520	7/29/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0307777	6/27/03	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::